

POOL RENTAL PERMIT

NO. _____

Lynchburg Parks and Recreation Division

301 Grove Street
Lynchburg, VA 24501
E-mail: JoannaNisbet@Lynchburgva.gov

Phone (434)455-5884
Fax No. (434) 528-2794

NAME OF APPLICANT: _____ DAY PHONE NUMBER: _____

ADDRESS: _____

Street

City

State

Zip Code

NAME OF PERSON, PERSONS, CORPORATION, OR ASSOCIATION SPONSORING THE ACTIVITY: _____

ADDRESS: _____

Street

City

State

Zip Code

DATE(S)/TIME REQUESTED: _____ ATTENDANCE: _____
(less than 125)

**RENTAL FEES: \$75.00 PER HOUR FOR MAIN POOL AREA– ADD \$25.00 PER HOUR FOR
KIDDIE POOL –PLEASE ADD \$25 FOR RENTALS WITH OVER 125 PARTICIPANTS**

PLEASE READ:

The person or persons to whom the permit is issued shall be responsible for any and all damage to Park and City property and shall assume the defense of and indemnify and save harmless the City, its employees, and officers from and against any and all claims, liabilities, judgements, costs, causes of action, damages, and expenses whether in law or equity or otherwise, and shall pay all attorney's fees, court costs and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its employees and officers for reason of damage to property, personal injury or death of any person rising from the applicant's use of the City Park or other City facilities. The Director, with the concurrence of the city Attorney, may require such public liability insurance as he deems to be necessary to protect the interest of the City.

I HAVE READ AND UNDRSTAND THE ABOVE STATEMENTS.

Signature of Applicant_____
Date

The Lynchburg Division of Parks and Recreation complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodations are needed, please tell us upon registering and at least ten days prior to event.

FOR OFFICE USE ONLY

Date Request Received: _____

☐ PERMIT GRANTED ☐ PERMIT DENIED BY _____

COMMENTS/CONDITIONS _____

CERTIFICATE OF INSURANCE REQUIRED

☐ YES – Amount of Insurance Required \$1M☐ NO

Date Insurance Certification Received _____

Total Amount Due \$ _____

How Paid: ☐ Cash ☐ Check # _____

Copies to:

☐ Office ☐ Risk Management☐ Athletics ☐ Customer